



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
165 Capitol Avenue, Hartford, CT 06106
Dairy Division: (860) 713-2508

Permit # MP-

- ☐ NEW
☐ RENEWAL
☐ TRANSFER

Permit

Expiration: **6/30/2005**

DAIRY FARM OR MILK PRODUCER PERMIT APPLICATION

I/we hereby apply for a permit to produce Grade A milk in the State of Connecticut in accordance with and subject to the provisions of Section 22-172 of the Connecticut General Statutes. The licensee/permittee is required to notify the Department of Agriculture within 48 hours of any change in trade name, location, sale or change of ownership. The license period shall be from July 1st to June 30th following, inclusive.

RENEWAL APPLICATION FORM AND RENEWAL APPLICATION CARD MUST BE RECEIVED ON OR BEFORE JUNE 30th

NOTE: Permits for New, Renewal and Transfer applications cannot be processed if: the application is incomplete and/or the Federal Employer Identification Number (FEIN) or Social Security Number (SSN) is not provided. Incomplete applications will be returned for completion and resubmission.

Please Print or Type

Federal Employer
Identification
Number: _____

Social
Security
Number: _____

BUSINESS NAME		TELEPHONE NUMBER	
STREET ADDRESS		TOWN / CITY	ZIP CODE
MAILING ADDRESS (if different from farm address)		TOWN / CITY	STATE ZIP CODE

Check One Box: ☐ SOLE PROPRIETOR I INDIVIDUAL OWNER ☐ PARTNERSHIP OR L.L.C. ☐ CORPORATION

NAME OF LICENSEE / PERMITTEE (Name of Owner, Names of Partnership: Name of L.L.C. or Name of Corporation)		E-MAIL ADDRESS	
NAMES AND ADDRESSES OF PARTNERS OR L.L.C. MEMBERS			
ADDRESS OF CORPORATION (If different from farm address)			
NAMES AND TITLES OF CORPORATE OFFICERS			
NAME OF COOPERATIVE OR DEALER: _____			
Number of Cows Milking: _____ Number of Cows Dry: _____ Milk Produced Daily: _____ Lbs. Milk Shipped Daily: _____ Lbs.			
The undersigned applicant states that all of the information herein is true to the best of his/her knowledge and agrees that in the event a permit is granted, said applicant shall comply with all laws, orders, rulings, regulations and directives issued by the Commissioner of Agriculture.			
(Print Name of Applicant)	(Signature of Applicant)	(Title)	(Date)

AREA BELOW FOR OFFICE USE ONLY:

	Date Processed	Transmittal Number	Permit Expiration June 30, 2005 MP-1 Rev. 5/04.pdf
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